

## GP Request Form

<input type="radio"/> <b>Urgent</b> <input type="radio"/> <b>Routine</b>		<b>Patient Details</b>	
Please print or use label and tick relevant boxes		Full Name:	
<b>Blood tests must be ordered by letter or specific laboratory request forms T: 01 263 8398</b>		Title:	Sex:      DOB:
		Address:	
<b>GP Details</b>		Mobile:	
Name:		Home Phone:	
IMCN:		Marital Status:      Religion:	
Address:		NOK:      Relationship:	
Telephone:		NOK Telephone:      Insurer:	
Fax:		Policy No.      Plan:	
Email:			

Clinical Presentation:

Working Diagnosis/Questions to be answered by Workup:

Prior Medical/Surgical History:

Pre-Existing Condition:

Yes     No

ICHAZ     Diabetes     Renal Impairment     Allergies     LMP     Mobility assistance required

### Cardiology

- ECG
- 24 Hr BP Monitor
- Echocardiogram
- Holter Monitor
- Other

### Respiratory

- PFTs +/- reversibility
- Can patient receive salbutamol?
  - Yes     No
 (Tick **No** if contraindication to salbutamol)
- Skin Tests
- Bronchial Provocation
- MIPs & MEPS
- Diagnostic Sleep Study
- CPAP Titration

### Other Tests

Radiology	Anatomical Site
<input type="radio"/> CT	
<input type="radio"/> MR	
<input type="radio"/> US	
<input type="radio"/> IR	
<input type="radio"/> Mammo	
<input type="radio"/> X-Ray	

<b>Radiology Dept Only</b>
Imaging Protocol
Contrast Protocol
Radiologist

Doctors Signature:	Contact:	Date:
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